

# ADVOCACY DAY

***GET INVOLVED!*** TRENTON, NJ - DECEMBER 13, 2004



**SAVE THE DATE !**

**PRE-REGISTER**  
**ONLINE OR BY FAX**  
(see details below)

## **THINK YOU CAN'T MAKE A DIFFERENCE? THINK AGAIN.**

On this day individuals and agencies will present a unified voice that addiction is preventable and treatable, and recovery is possible. Our theme for the day is "Addiction Prevention, Treatment and Recovery: Working Together For A Healthy NJ"

As an Advocacy Day participant you will be in a unique position to advocate for the prevention, treatment and recovery from alcohol and drug addiction to your elected officials in Trenton. Your participation in the legislative process is vital to encourage legislators to support public policies that advance a public health approach to issues affecting addiction.

Activity from 11:00 am - 3:00 pm is planned, including themed exhibit tables, a keynote speech, a ceremonial resolution, a statehouse step photograph of those in attendance, guided tours, and organized teams established by legislative districts that will participate in face-to-face meetings with their legislative representatives.

Participate and Tell Your Legislators that  
**Addiction is Preventable, Treatable and Recovery is Possible!**

### **TO PRE-REGISTER:**

**ONLINE:** Go to <http://www.state.nj.us/treasury/gcada/> and fill out form  
**FAX:** Print the registration form and fax to 609-777-0535

For more information please contact: Carolyn Fernandez at 609-777-4552

# ADVOCACY DAY PRE-REGISTRATION

**TRENTON, NJ - DECEMBER 13, 2004**

Registration/Networking at the Masonic Temple, 18 E. Lafayette, Trenton



## TENTATIVE SCHEDULE:

11:00 - 11:45 Registration/Networking

12:00 - 12:30 Lunch/Warm-up

1:00 - 2:00 Statehouse Steps Rally

2:00 - 2:30 Legislative Meetings

2:30 - 3:00 Honorary Resolution

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**FAX:** Print the form below and fax to 609-777-0535

☐ Individual or ☐ Agency

Please Print Clearly

Name \_\_\_\_\_

If Individual, Home Address \* \_\_\_\_\_

Agency/Organization \_\_\_\_\_

Number of People Attending From Agency \_\_\_\_\_

If Agency, Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

\* Home address will be used to determine what legislative district registrant resides in.